Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

| | | | | Inspection | |
|---------------|---|--|--------------------------------|---|----------|
| Part I | Annual Report Identification Information | | | | |
| For cale | | 01/2015 | and ending 12/ | 31/2015 | |
| A This | return/report is for: a multiemployer plan; | is box must attach a list of lance with the form instruction | ons); or | | |
| | ێ a single-employer plan; | a DFE (specify | | | |
| B This | return/report is: | the final return. | • | | |
| | an amended return/report; | a short plan ye | ar return/report (less than 12 | months). | |
| C If the | plan is a collectively-bargained plan, check here | | | | |
| D Chec | k box if filing under: X Form 5558; | automatic exter | nsion; | the DFVC program; | |
| | special extension (enter descr | iption) | | | |
| Part | II Basic Plan Information—enter all requested in | formation | | | |
| | ne of plan | nomation | | 1b Three-digit plan | |
| | IS WELFARE BENEFIT PLAN FOR EMPLOYEE | S | | number (PN) ▶ | 501 |
| | | | | 1c Effective date of pl 06/01/2006 | an |
| | sponsor's name (employer, if for a single-employer plan) | | | 2b Employer Identifica | ation |
| | ing address (include room, apt., suite no. and street, or P.O. or town, state or province, country, and ZIP or foreign postal | | ictions) | Number (EIN) 20-3104541 | |
| - | ALAMOS NATIONAL SECURITY, LLC | r code (il loreign, see instit | actions) | 2c Plan Sponsor's tele | onhono |
| 102 | Million Willows Blookill, Ele | | | number | epriorie |
| | | | | 505-664-0367 | |
| POS | T OFFICE BOX 1663 | | | 2d Business code (se | e |
| MS | P280 | | | instructions) | |
| LOS | ALAMOS NM 87545 | | | 541990 | |
| | | | | | |
| | | | | | |
| Caution | : A penalty for the late or incomplete filing of this return/ | report will be assessed i | unless reasonable cause is | established. | |
| | enalties of perjury and other penalties set forth in the instruct | | | | dules. |
| | nts and attachments, as well as the electronic version of this | | | | |
| | \sim 1 | | | | |
| SIGN | Modlind D. Jorrence | 8/16/16 | ROSALIND D. TORRI | ENCE | |
| HERE | Signature of plan administrator | Date | Enter name of individual sig | ning as plan administrator | |
| | | | | | |
| SIGN | | | | | |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual sid | gning as employer or plan sp | onsor |
| | | | | | |
| SIGN | | | | | |
| HERE | O'markers of DEE | - _{D-1} | Fatanana attautation at | naine as DEC | |
| Drenare | Signature of DFE 's name (including firm name, if applicable) and address (inc | Date | Enter name of individual sign | pning as DFE eparer's telephone number | |
| Fiehaiei | and address (IIIC | adde footh of Suite Huffiber | 17 | -pa. 3. 6 totophono nambol | |
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| 3a | Plan administrator's name and address Same as Plan Sponsor | 3b Adn | ninistrator's EIN |
|-----|---|-------------|-------------------------|
| | BENEFITS AND INVESTMENT COMMITTEE LOS ALAMOS NATIONAL SECURITY, LLC | 3c Adn | ninistrator's telephone |
| | POST OFFICE BOX 1663, MS P280 | nun | nber 05-664-0367 |
| | LOS ALAMOS NM 87545 | | |
| | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | 4b EIN | |
| а | Sponsor's name | 4c PN | |
| 5 | Total number of participants at the beginning of the plan year | 5 | 8,117 |
| 6 | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). | | |
| a(ʻ | Total number of active participants at the beginning of the plan year | 6a(1) | 8,117 |
| a(2 | 2) Total number of active participants at the end of the plan year | 6a(2) | 8,042 |
| b | Retired or separated participants receiving benefits. | 6b | 534 |
| С | Other retired or separated participants entitled to future benefits | 6c | 0 |
| d | Subtotal. Add lines 6a(2), 6b, and 6c. | 6d | 8,576 |
| е | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | |
| f | Total. Add lines 6d and 6e. | 6f | |
| g | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g | |
| h | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | |
| 7 | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |
| 8a | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Cod | es in the i | nstructions: |
| b | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Code $4A$ $4B$ $4D$ $4E$ $4F$ $4G$ $4H$ $4I$ $4L$ $4Q$ | s in the in | structions: |
| 9a | Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply) | at apply) | |
| | (1) X Insurance (1) X Insurance (2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) | insurance | contracts |
| | (2) | modranoc | , dominado |
| | (4) X General assets of the sponsor (4) X General assets of the sponsor | oonsor | |
| 10 | Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number of the control of | ber attach | ed. (See instructions) |
| а | Pension_Schedules b General Schedules | | |
| | (1) R (Retirement Plan Information) (1) H (Financial Inform | mation) | |
| | (2) MB (Multiemployer Defined Benefit Plan and Certain Money (2) I (Financial Inform | nation – S | mali Plan) |
| | Purchase Plan Actuarial Information) - signed by the plan (3) X 5 A (Insurance Infor | mation) | |
| | actuary (4) C (Service Provide | | · |
| | (3) SB (Single-Employer Defined Benefit Plan Actuarial (5) D (DFE/Participation) signed by the plan actuary (6) | _ | |
| | Information) - signed by the plan actuary (6) G (Financial Trans | saction Sc | cnedules) |

| 11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No If "Yes" is checked, complete lines 11b and 11c. 11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No 11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.) | Part III | Form M-1 Compliance Information (to be completed by welfare benefit plans) |
|---|-----------------|---|
| 11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) | | |
| 11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure | If "Yes" is | checked, complete lines 11b and 11c. |
| enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure | 11b Is the plan | n currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) |
| | enter the | Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure |

Form 5500 (2015)

Page 3

SCHEDULE A

(Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 | and ending 12/31/2015 | | | | |
|--|--|--|--|--|--|
| A Name of plan LANS WELFARE BENEFIT PLAN FOR EMPLOYEES | B Three-digit plan number (PN) 501 | | | | |
| | | | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 | D Employer Identification Number (EIN) | | | | |
| LOS ALAMOS NATIONAL SECURITY, LLC | 20-3104541 | | | | |
| Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract | | | | | |

on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information:

(a) Name of insurance carrier

ARAG INSURANCE COMPANY

| | (c) NAIC | (d) Contract or | (e) Approximate number of | Policy or contract year | | | |
|--|----------------------------|-----------------|---|-----------------------------|----------------|--|--|
| (b) EIN | code identification number | | persons covered at end of policy or contract year | (f) From | (g) To | | |
| 42-1338303 34738 14822* | | 7,298 | 01/01/2015 | 12/31/2015 | | | |
| Insurance fee and commission information. Enter the total fees and to descending order of the amount paid. | | | al commissions paid. List in line 3 t | the agents, brokers, and ot | her persons in | | |
| (a) Total amount of commissions paid | | | (b) Total amount of fees paid | | | | |
| | | | | | | | |
| 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). | | | | | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees an | | |
|---|---|--|-----------------------|
| | (c) Amount | (d) Purpose | (e) Organization code |
| | | | 1 |
| | | | |
| | | | |
| (a) Name a | and address of the agent, broker, or of | ther person to whom commissions or fees we | ere paid |

| Amount of sales and base | Fees an | Fees and other commissions paid | | | |
|---|------------|---------------------------------|-----------------------|--|--|
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | |
| | | | | | |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2015 v. 150123

| Schedule A (Form 5500 |) 2015 | Page 2 - | | | |
|---|-------------------------------------|--|-----------------------|--|--|
| (a) N | ame and address of the agent, broke | r, or other person to whom commissions or fees were paid | | | |
| | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | |
| commissions paid | (c) Amount | (d) Purpose | code | | |
| | | | | | |
| (a) N | ame and address of the agent, broke | r, or other person to whom commissions or fees were paid | | | |
| | ř. | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | |
| commissions paid | (c) Amount | (d) Purpose | code | | |
| (-) N | and address of the areast basis | | | | |
| (a) N | ame and address of the agent, broke | r, or other person to whom commissions or fees were paid | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code | | |
| commissions paid | (c) Amount | (u) i dipose | 0000 | | |
| (a) N: | ame and address of the agent, broke | r, or other person to whom commissions or fees were paid | | | |
| | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | |
| commissions paid | (c) Amount | (d) Purpose | code | | |
| | | | | | |
| (a) Na | ame and address of the agent, broke | r, or other person to whom commissions or fees were paid | | | |
| | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | |
| commissions paid | (c) Amount | (d) Purpose | code | | |
| | | | | | |

| Part I | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report. | ridual contracts with each | carrier may be treated as a unit for | ourposes of |
|------------|--|----------------------------|--------------------------------------|-------------|
| 1 Cur | rent value of plan's interest under this contract in the general account at year | end | 4 | |
| Cur | rent value of plan's interest under this contract in separate accounts at year e | end | 5 | |
| Cor | tracts With Allocated Funds: | | | |
| а | State the basis of premium rates | | | |
| b | Premiums paid to carrier | | 6b | |
| C | Premiums due but unpaid at the end of the year | | | |
| d | If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount. | | | |
| | Specify nature of costs | | | |
| е | Type of contract: (1) individual policies (2) group deferre | d annuity | | |
| | (3) other (specify) | | | |
| £ | | | νП | |
| f 7 Cor | If contract purchased, in whole or in part, to distribute benefits from a termin tracts With Unallocated Funds (Do not include portions of these contracts ma | | punts) | |
| a | _ ` _ ` | ate participation guarante | | |
| u | | - | 10 | |
| | (3) guaranteed investment (4) other | | | |
| | | | | |
| | | | T T | |
| b | Balance at the end of the previous year | | 7b | |
| С | Additions: (1) Contributions deposited during the year | | | |
| | (2) Dividends and credits | | | |
| | (3) Interest credited during the year | | | |
| | (4) Transferred from separate account | | | |
| | (5) Other (specify below) | . 7c(5) | | |
| | • | | | |
| | | | | |
| | | | | |
| | (6)Total additions | | | C |
| d | Total of balance and additions (add lines 7b and 7c(6)). | | 7d | 0 |
| е | Deductions: | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | | | |
| | (2) Administration charge made by carrier | 7e(2) | | |
| | (3) Transferred to separate account | | | |
| | (4) Other (specify below) | . 7e(4) | | |
| | • | | | |
| | | | | |
| | | | | |
| £ | (5) Total deductions | | | (|
| T_ | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | 7f | (|

0

| Pag | е | 4 |
|-----|---------------|---|
| гач | $\overline{}$ | _ |

| Pa | art I | I Welfare Benefit Contract Informat If more than one contract covers the same green information may be combined for reporting puthe entire group of such individual contracts were provided in the contracts of the contract o | oup of employee | ontracts are exper | ienc | e-rated as a unit. Wh | ere contract | ployee organizati ts cover individua | ons(s), the l employees, | |
|----|-------|--|---|-------------------------|-----------------|-----------------------|--------------|---|-----------------------------|----|
| 8 | Ber | efit and contract type (check all applicable boxes) | | | | | | | | |
| | a [| Health (other than dental or vision) | b Dental | | c | Vision | | d Life insurar | nce | |
| | е | Temporary disability (accident and sickness) | f Long-terr | n disability | g 🗌 | Supplemental unem | ployment | h Prescription | n drug | |
| | i İ | Stop loss (large deductible) | j HMO con | tract | k $ar{\square}$ | PPO contract | | I Indemnity | ontract | |
| | m | | <i>,</i> . | | | ı | | | | |
| 9 | Ехр | erience-rated contracts: | | | | | | | | - |
| | | Premiums: (1) Amount received | *************************************** | 9a(1) | | | | | | |
| | | (2) Increase (decrease) in amount due but unpaid | | 9a(2) | | | | | | |
| | | (3) Increase (decrease) in unearned premium res | erve | 9a(3) | | | | | | |
| | | (4) Earned ((1) + (2) - (3)) | | | | | 9a(4) | | | 0 |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | | | | | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | | | | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | | 9b(3) | | | 0 |
| | | (4) Claims charged | *************************************** | | | | 9b(4) | | | |
| | C | Remainder of premium: (1) Retention charges (o | n an accrual bas | sis) | | | 18 | | | |
| | | (A) Commissions | | 9c(1)(/ | 4) | | | | | |
| | | (B) Administrative service or other fees | a. 547. 199. ETHALIC. | 9c(1)(E | 3) | | | | | |
| | | (C) Other specific acquisition costs | | 9c(1)(0 | 2) | | | | | |
| | | (D) Other expenses | | 9c(1)([|) | | | | | |
| | | (E) Taxes | | | | | | | | |
| | | (F) Charges for risks or other contingencies | | | | | | | | |
| | | (G) Other retention charges | | 9c(1)(0 | 3) | | | | | L |
| | | (H) Total retention | | | | | 9c(1)(H) | | | 0 |
| | | (2) Dividends or retroactive rate refunds. (These | amounts were | paid in cash, or | Πο | credited.) | 9c(2) | | | |
| | d | Status of policyholder reserves at end of year: (1) | Amount held to | _ provide benefits a | after | retirement | | | | _ |
| | | (2) Claim reserves | | • | | | | | | - |
| | | (3) Other reserves | | | | | | | | 7. |
| | е | Dividends or retroactive rate refunds due. (Do no | | | | | | | | - |
| 10 | No | nexperience-rated contracts: | | | | | | | | - |
| | а | Total premiums or subscription charges paid to c | arrier | | | | 10a | | 911,80 | 3 |
| | b | If the carrier, service, or other organization incurre | | | | | | | | _ |
| | | retention of the contract or policy, other than repo | | | | | 10b | | | _ |
| | S | ecify nature of costs | rted in Part I, iin | le 2 above, report | amo | unt | 100 | | | |
| | | | | | | | | | | |
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| Part IV | Provision of Information | | | |
|------------|---|-----|------|--|
| 11 Did the | insurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | |

¹² If the answer to line 11 is "Yes," specify the information not provided.

Form 5500 Schedule A Information

Plan Sponsor's Name: LOS ALAMOS NATIONAL SECURITY, LLC - Active

Part 1 -- Information Concerning Insurance Contract Coverage, Fees and Commissions

| 1. | Coverage |
|--|---|
| 1.a. Name of Insurance Carrier: | ARAG Insurance Company |
| 1.b. EIN: | 42-1338303 |
| 1.c. NAIC Code: | 34738 |
| 1.d. Contract Number or Identification | |
| Number: 1.e. Approximate Number of Persons Covered ** | 14822-0002-004 |
| at End of Policy or Contract Year: | 7,298 |
| 1.f. From: | 1/1/2015 |
| 1.g. To: | 12/31/2015 |
| Insurance Fees and Commission | s Paid to Agents, Brokers, and Other Persons. |
| 2.a. Total Amount of Commissions Paid: | \$0.00 |
| 2.b. Total Fees Paid / Amount: | \$0.00 |
| 3. Persons Receiv | ving Commissions and Fees |
| 3.a. Name and Address of the Agents, Brokers Brokers, or Other Persons To Whom Commission or Fees Were Paid: | |
| 3.b. Amount of Commissions Paid: | \$0.00 |
| 3.c. Fees Paid / Amount: | \$0.00 |
| 3.d. Fees Paid / Purpose: | |
| 3.e. Organization Code: | 3 |
| Oth | er Information |

** Approximate number of persons covered uses the following factors: Individual 1, Family 2, Composite 2, Two-Party 2

Premiums Paid \$911,803.20

Certification of Accuracy

ARAG Insurance Company and/or ARAG, LLC, administrators of the Plan, hereby certify that the Schedule A to Form 5500 annual Return/Report of Employee Benefit Plan information and statements furnished pursuant to 29 U.S. Code of Federal Regulations § 2520.103-5(c) is complete and accurate.

Andrea Morse, Treasurer and CFO

4/18/2016

SCHEDULE A

(Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2015

| pursuant to ERISA section 103(a)(2) | | | n is Open to Public Inspection | |
|--|----------------------|-----------|-----------------------------------|--|
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 | and ending | 12/31/203 | 15 | |
| A Name of plan | B Three-digit | | | |
| LANS WELFARE BENEFIT PLAN FOR EMPLOYEES | plan number (l | PN) | 501 | |

20-3104541

D Employer Identification Number (EIN) C Plan sponsor's name as shown on line 2a of Form 5500

LOS ALAMOS NATIONAL SECURITY, LLC

Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

Part I

(a) Name of insurance carrier

HARTFORD LIFE AND ACCIDENT

| | (c) NAIC (d) Contract or | | (e) Approximate number of | Policy or contract year | | |
|------------------------|-----------------------------------|-----------------------|---|---|-----------------|--|
| (b) EIN | code | identification number | persons covered at end of policy or contract year | (f) From | (g) To | |
| 06-0838648 | 70815 | 395155G | 8,043 | 01/01/2015 | 12/31/2015 | |
| | | | | | | |
| descending order of th | e amount paid. | | al commissions paid. List in line 3 | 1967 - 197 | ther persons in | |
| descending order of th | | | · | the agents, brokers, and ot stal amount of fees paid | ther persons in | |
| descending order of th | e amount paid. amount of commi | ssions paid | · | 1967 - 197 | her persons in | |

| (b) Amount of sales and base | Fees an | | |
|---|------------|-------------|--|
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| | | | |
| | | | |
| | | | The state of the s |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| b) Amount of sales and base | Fees an | d other commissions paid | |
|-----------------------------|------------|--------------------------|-----------------------|
| commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| | | | |

| Schedule A (Form 5500) | 2015 | Page 2 - | |
|---|-------------------------------------|---|-----------------------|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were paid | |
| | | | |
| (b) Amount of color and base | | Fees and other commissions paid | (e) Organization |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | code |
| = | | | |
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were paid | |
| | = | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
| (a) Na | ime and address of the agent, broke | er, or other person to whom commissions or fees were paid | 4 |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were paid | |
| | • | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |

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|---|---|---|---|---|
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| г | а | u | | • |
| | | | | |

| Part | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report. | idual contracts | with each carrier may be | treated as a unit | for purposes of |
|--------------|---|------------------|--|-------------------|-----------------|
| 4 Cur | rent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | rent value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| | ntracts With Allocated Funds: | | | | |
| а | State the basis of premium rates | | | | |
| b | Premiums paid to carrier | | | 6b | |
| С | Premiums due but unpaid at the end of the year | | | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount | | | 6d | |
| | Specify nature of costs | | | | |
| е | Type of contract: (1) ☐ individual policies (2) ☐ group deferre (3) ☐ other (specify) ▶ | d annuity | | | |
| f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan, ch | eck here | | |
| 7 Cor | ntracts With Unallocated Funds (Do not include portions of these contracts ma | intained in sep | parate accounts) | | |
| а | Type of contract: (1) deposit administration (2) mmedia (3) guaranteed investment (4) other | ate participatio | r guarantee | | |
| b | Balance at the end of the previous year | | | 7b | |
| C | Additions: (1) Contributions deposited during the year | | | | |
| | (2) Dividends and credits | | | | |
| | (3) Interest credited during the year | | | | |
| | (4) Transferred from separate account | | | | |
| | (5) Other (specify below) | . 7c(5) | | | |
| | | | | -(0) | |
| | (6)Total additions | | and a series of the contract o | c(6) | (|
| d | Total of balance and additions (add lines 7b and 7c(6)). | | | 7d | |
| е | Deductions: | 70(4) | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | | | | |
| | (2) Administration charge made by carrier | | | | |
| | (3) Transferred to separate account | | | | |
| | (4) Other (specify below) | . 7e(4) | | | |
| | • | | | | |
| | | | | | |
| | (5) Total deductions | | | e(5) | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | | 7f | |

| ⊃ao | е | 4 |
|-----|---|---|
| | | |

| Pa | rt II | Welfare Benefit Contract Informat | | | | | |
|----|-------|--|---|---|-------------------------------------|-------------------|--|
| | | If more than one contract covers the same grinformation may be combined for reporting protection the entire group of such individual contracts of the entire group of the entir | urposes if such contracts | are experien | ce-rated as a unit. V | here contract | nployee organizations(s), the cts cover individual employees, |
| 8 | Ben | efit and contract type (check all applicable boxes) | | | | | |
| | а | Health (other than dental or vision) | b Dental | c[| Vision | | d X Life insurance |
| | e | Temporary disability (accident and sickness) | f X Long-term disabilit | y g | Supplemental une | mplovment | h Prescription drug |
| | i [| Stop loss (large deductible) | j HMO contract | , s⊥ k[| PPO contract | pio y i i i o i i | I Indemnity contract |
| | ' [| | J Tilvio contract | N. | _ FFO contract | | I I Indemnity contract |
| | m [| Other (specify) | | | | | |
| 9 | Evne | erience-rated contracts: | | | | | |
| • | - | Premiums: (1) Amount received | | 9a(1) | | | - |
| | u | (2) Increase (decrease) in amount due but unpaid | | | | | |
| | | (3) Increase (decrease) in unearned premium res | | | | | |
| | | (4) Earned ((1) + (2) - (3)) | 11 | | F 6 3 DE 2 SYMMAN COMMUNICATION POR | 9a(4) | 0 |
| | b | Benefit charges (1) Claims paid | | | | | |
| | ~ | (2) Increase (decrease) in claim reserves | | | | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | 0 |
| | | (4) Claims charged | | | | | |
| | С | Remainder of premium: (1) Retention charges (c | | | = | (-~(.) | |
| | | (A) Commissions | | 9c(1)(A) | | | |
| | | (B) Administrative service or other fees | | 9c(1)(B) | | | |
| | | (C) Other specific acquisition costs | | 9c(1)(C) | | | |
| | | (D) Other expenses | | 9c(1)(D) | | | |
| | | (E) Taxes | | 9c(1)(E) | | | |
| | | (F) Charges for risks or other contingencies. | | 9c(1)(F) | | | 1 |
| | | (G) Other retention charges | | | | | |
| | | (H) Total retention | | | | 9c(1)(H) |) 0 |
| | | (2) Dividends or retroactive rate refunds. (These | and a control of the | 0.0000000000000000000000000000000000000 | | | |
| | d | Status of policyholder reserves at end of year: (1 | _ | | | | |
| | • | (2) Claim reserves | • | | | | |
| | | (3) Other reserves | | | | | |
| | е | Dividends or retroactive rate refunds due. (Do n | | | | | |
| 10 | No | nexperience-rated contracts: | | | 1.7 | | |
| | а | Total premiums or subscription charges paid to o | arrier | | | 10a | 11,309,418 |
| | b | If the carrier, service, or other organization incurs | | | | | |
| | | retention of the contract or policy, other than repo | | | | 10b | |
| | Sp | pecify nature of costs | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Pa | rt l' | V Provision of Information | | | | | |
| 11 | Die | the insurance company fail to provide any inform | nation necessary to compl | ete Schedule | Δ2 | Yes | X No |



LOS ALAMOS NATIONAL SECURITY, LLC LOUIS POLITO P.O. BOX 1663 ATTN: HR-BENEFITS, MS P280 LOS ALAMOS. NM 87545

Dear Policyholder:

Attached is your certified Annual Statement of Premiums and Producer Compensation. This statement provides a concise summary of information related to your group benefits policy(ies) with The Hartford. If you are required to complete and file Schedule A to IRS Form 5500, the information contained on the statement may assist you during this process. The Hartford certifies to the accuracy and completeness of the information provided.

To help you accurately read your statement, defined below are selected terms used in the report:

- **Premiums** premium payments paid and applied during the policy year.
- Commissions base commissions paid to your insurance producer on premiums received and applied during the policy year.
- Fees fees are other compensation paid to your insurance producer for providing administrative or other services related to your policy. If you are filing Schedule A to IRS Form 5500, Fees should be recorded as "Fees" on Schedule A.
- Bonus Paid an allocation related to your policy or policies of contingent compensation payable to producers on all policies that were considered in determining producer's eligibility for bonus payments and/or the actual calculation of any such bonus payment. If you are filing Schedule A to IRS Form 5500, Bonus Paid should be recorded as "Fees" on Schedule A.
- Additional Compensation an allocation related to your policy or policies of non-contingent compensation (cash
 or non-cash) payable to producers on all policies that were considered in determining the producer's eligibility for
 additional compensation and/or the actual calculation of any such additional compensation. If you are filing
 Schedule A to IRS Form 5500, Additional Compensation should be recorded as "Fees" on Schedule A.

We appreciate your business and look forward to continuing to serve your group benefits needs. If you need additional information, please contact your Hartford representative or call Customer Service at (800) 523-2233 or via e-mail gbdcommission@hartfordlife.com.

Sincerely,

David R. Kryzanski Vice President Service Operations P.O. Box 2999

Hartford, CT 06104-2999

David Knyjanini

¹ The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

The Hartford Group Benefits Division Annual Statement of Premiums and Producer Compensation For: LOS ALAMOS NATIONAL SECURITY, LLC Page:



Policyholder and Address

LOS ALAMOS NATIONAL SECURITY, LLC

P.O. BOX 1663

ATTN: HR-BENEFITS, MS P280 LOS ALAMOS NM 87545

Plan/Policy Year – 1/1/2015 to 12/31/2015

| Name of Insurance Carrier | EIN | NAIC Code | Policy Number |
|----------------------------|------------|-----------|--------------------|
| HARTFORD LIFE AND ACCIDENT | 06-0838648 | 70815 | 395155G 395191G |

Premium was applied as follows during the Plan/Policy Year -

| Policy Number | Type of Benefit | Premium Applied | Approximate # of Lives Covered |
|---------------|-----------------|-----------------|--------------------------------|
| | | | |
| 395155G | LIFE-BTRM | \$523,959.80 | 8043 |
| 395155G | LIFE-SDEP | \$586,105.86 | 3502 |
| 395155G | LIFE-STRM | \$16,792.77 | 26 |
| 395155G | LIFE-VOL | \$5,840,292.47 | 6225 |
| 395155G | LTD-ABIL | \$2,171,133.74 | 6174 |
| 395155G | WD-NST | \$2,171,133.74 | 6184 |
| 395191G | WD-NST | \$446,096.42 | 8037 |
| | | | |
| | Total | \$11,755,514.81 | |

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¹ The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

The Hartford Group Benefits Division Annual Statement of Premiums and Producer Compensation For: LOS ALAMOS NATIONAL SECURITY, LLC Page:



Insurer paid the following compensation during the Plan/Policy Year -

| Producer and Address | Org Code | Policy Number | Commissions Paid | Fees Paid | (1)Bonus Paid | (2)Additional Compensation Paid |
|--|-------------|--|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| HOME OFFICE DIRECT 200 HOPMEADOW ST WEATOGUE, CT 06089 | 3 | 395155-0GL 395155-GLT 395155-GRH 395191-GRH | \$0.00 \$0.00 \$0.00 \$0.00 | \$0.00 \$0.00 \$0.00 \$0.00 | \$0.00 \$0.00 \$0.00 \$0.00 | \$0.00 \$0.00 \$0.00 \$0.00 |
| | | Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

The Hartford compensates producers for the sale and service of our products. In most cases, producers are paid a commission, which is fixed or based on a percentage of the premium. In addition, producers may be eligible for various forms of incentive compensation, including contingent commission and other non-cash awards. Incentive compensation is based upon a variety of factors that may include the level of premium written, retention and growth of premium, overall profitability, or other performance measures. Some of our producers elect not to accept some or all forms of compensation from The Hartford. Please direct specific questions about your insurance producer's compensation to your producer.

⁽¹⁾Bonus Paid represents an allocation of contingent compensation (cash or non-cash) payable to the named producer on all policies that were considered in determining the producer's eligibility for and/or the actual calculation of any such bonus payment. These amounts are not directly charged to your policy premium rates but represent overhead expense incurred by The Hartford.

⁽²⁾Additional Compensation represents an allocation of non-contingent compensation (cash or non-cash) payable to the named producer on all policies that were considered in determining the producer's eligibility for and/or the actual calculation of any such additional compensation. These amounts are not directly charged to your policy premium rates but represent overhead expense incurred by The Hartford,

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

| Inis Form is Open to Public Inspection |
|---|
| 12/31/2015 |
| |

| For calendar plan year 20 | 15 or fiscal plar | n year beginning 01/01/2 | 2015 and e | nding 12/31/20 | 15 |
|---|-------------------|---------------------------------------|---|------------------------------|--------------------------|
| A Name of plan LANS WELFARE I | BENEFIT P | LAN FOR EMPLOYEES | Tri - | ee-digit n number (PN) | 501 |
| | | | | | |
| C Plan sponsor's name a | s shown on line | e 2a of Form 5500 | D Emp | loyer Identification Number | (EIN) |
| | | OTTO TIME I TI O | 20-31 | 04541 | |
| LOS ALAMOS NA | | | Coverage, Fees, and Con | | mation for each contract |
| | | | a unit in Parts II and III can be rep | | |
| 1 Coverage Information: | | | | | |
| (a) Name of insurance ca | rrier | | | | |
| | | ᡝᠵᢑᠩᠠᢆᡎ | | | |
| HARTFORD LIFE | AND ACCI | DEN I | | Deliay or o | oontroot work |
| (b) EłN | (c) NAIC | (d) Contract or identification number | (e) Approximate number of persons covered at end of | | contract year |
| ` ' | code | identification number | policy or contract year | (f) From | (g) To |
| 06-0838648 | 70815 | 395191G | 8,037 | 01/01/2015 | 12/31/2015 |
| 2 Insurance fee and com descending order of the | | ation. Enter the total fees and total | al commissions paid. List in line | 3 the agents, brokers, and o | other persons in |
| | amount of com | missions paid | (b) ¹ | Total amount of fees paid | |
| | | | | | |
| 3 Persons receiving com | missions and fe | ees. (Complete as many entries | as needed to report all persons). | | |
| | (a) Name a | nd address of the agent, broker, | or other person to whom commis | sions or fees were paid | |
| | | | | | |
| | | | | | |
| | | | | | |
| (b) Amount of sales ar | nd base | Fee | es and other commissions paid | | |
| commissions paid | | (c) Amount | (d) Purpose | | (e) Organization code |
| | | | | | |
| | | | | | |
| | | | (W) | | |
| | (a) Name a | ind address of the agent, broker, | or other person to whom commis | sions or tees were paid | |
| | | | | | |
| | | | | | |
| | | Eee | es and other commissions paid | | |
| (b) Amount of sales ar commissions pa | | (c) Amount | (d) Purpo | se. | (e) Organization code |
| Continuesions pa | 14 | (o) Amount | (u) i-uipo | | (o) Organization code |
| | | | | | |

| Schedule A (Form 5500) | 2015 | Page 2 - | |
|---|-----------------------------------|--|-----------------------|
| (a) Na | me and address of the agent, brol | ker, or other person to whom commissions or fees were paid | |
| , , , , , , | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| (a) Na | me and address of the agent, brol | ker, or other person to whom commissions or fees were paid | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| (a) Na | me and address of the agent, brol | ker, or other person to whom commissions or fees were paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
| (a) Na | me and address of the agent, brol | ker, or other person to whom commissions or fees were paid | |
| | į. | | : |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| (a) Na | me and address of the agent, bro | ker, or other person to whom commissions or fees were paid | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |

| _ | _ | _ | | - |
|---|---|---|---|---|
| ۲ | а | g | е | - |

| P: | art II | Investment and Annuity Contract Information | | | | |
|----|--------|---|------------------|---|---------------------|---------------------|
| | 4 11 | Where individual contracts are provided, the entire group of such individual this report. | vidual contra | cts with each carrier ma | y be treated as a u | nit for purposes of |
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | | |
| 5 | Curr | ent value of plan's interest under this contract in separate accounts at year e | end | | . 5 | |
| 6 | Cont | racts With Allocated Funds: | | | | |
| | а | State the basis of premium rates | | | | |
| | b | Premiums paid to carrier | | *************************************** | . 6b | |
| | С | Premiums due but unpaid at the end of the year | | | . 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in co retention of the contract or policy, enter amount. | | | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferre | d annuity | | | |
| | | (3) other (specify) | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | | | | |
| 7 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | aintained in s | separate accounts) | | |
| | а | Type of contract: (1) deposit administration (2) immedia | ate participa | tion guarantee | | |
| | | (3) guaranteed investment (4) other | • | | | |
| | | (-, 🖺 🖁 | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | **************** | | . 7b | |
| | С | Additions: (1) Contributions deposited during the year | | | | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | | | | |
| | | (4) Transferred from separate account | . 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | > | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | 0 |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | . 7d | 0 |
| | | Deductions: | | | | |
| | | (1) Disbursed from fund to pay benefits or purchase annuities during year | | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | | | | |
| | | (4) Other (specify below) | . 7e(4) | | | |
| | | • | | | | |
| | | | | | | |
| | | (5) Total deductions | | | | 0 |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | ********** | *************************************** | . 7f | 0 |

| Page | 4 |
|------|---|
| | |

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

Welfare Benefit Contract Information

Part III

| 8 | Bene | efit and contract type (check all applicable boxes) | | | | | | |
|-----|-------|--|--------------------------------------|----------------|---|----------|---------------------|----------|
| | а | Health (other than dental or vision) | b Dental | С | Vision | | d Life insura | ance |
| | e | Temporary disability (accident and sickness) | f Long-term disabilit | у д [| Supplemental unem | ployment | h Prescripti | on drug |
| | i [| Stop loss (large deductible) | j HMO contract | k 🗌 | PPO contract | | I Indemnity | contract |
| | m [| Other (specify) | | | | | | |
| 9 1 | Ехрє | rience-rated contracts: | | | | | | |
| | a i | Premiums: (1) Amount received | | 9a(1) | | | | |
| | | (2) Increase (decrease) in amount due but unpaid | 1 | 9a(2) | | | | |
| | | (3) Increase (decrease) in unearned premium res | erve | 9a(3) | | | | |
| | | (4) Earned ((1) + (2) - (3)) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 9a(4) | | 0 |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | X | | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | | 0 |
| | | (4) Claims charged | | | | 9b(4) | | |
| | С | Remainder of premium: (1) Retention charges (o | n an accrual basis) | | | | | |
| | | (A) Commissions | | 9c(1)(A) | | | | |
| | | (B) Administrative service or other fees | | 9c(1)(B) | | | | |
| | | (C) Other specific acquisition costs | | 9c(1)(C) | | | | |
| | | (D) Other expenses | | 9c(1)(D) | | | | |
| | | (E) Taxes | | 9c(1)(E) | | | | |
| | | (F) Charges for risks or other contingencies. | | 9c(1)(F) | | | | |
| | | (G) Other retention charges | | 9c(1)(G) | | | | |
| | | (H) Total retention | | | ., | 9c(1)(H) | | 0 |
| | | (2) Dividends or retroactive rate refunds. (These | amounts were paid in | cash, or | credited.) | 9c(2) | | |
| | d | Status of policyholder reserves at end of year: (1 | | _ | | | | |
| | | (2) Claim reserves | | | *************************************** | 9d(2) | | |
| | | (3) Other reserves | | | | 9d(3) | | |
| | е | Dividends or retroactive rate refunds due. (Do no | ot include amount entered | in line 9c(2). |) | 9e | | |
| 10 | No | nexperience-rated contracts: | | | | | | |
| | а | Total premiums or subscription charges paid to o | arrier | | | 10a | | 446,096 |
| | b | If the carrier, service, or other organization incurretention of the contract or policy, other than repo | , . | | | 10b | | |
| | Sp | ecify nature of costs | | | | | , | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | _ | | | | | | |
| Pa | rt \ | / Provision of Information | | | | | | |
| 11 | Did | the insurance company fail to provide any inform | ation necessary to comple | ete Schedule | A? | Yes | X No | |
| 12 | If th | ne answer to line 11 is "Yes," specify the informati | on not provided. | | | | | |

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public

| | pursuant to ERISA section 1 | 03(a)(2). | | Inspection | |
|--|------------------------------|--------------------------|-----------------------|------------|--|
| For calendar plan year 2015 or fiscal pl | an year beginning 01/01/2015 | and ending | 12/31/201 | 15 | |
| A Name of plan LANS WELFARE BENEFIT | PLAN FOR EMPLOYEES | B Three-digit plan numbe | r (PN) | 501 | |
| C Plan sponsor's name as shown on li | ne 2a of Form 5500 | D Employer Ider | ntification Number (I | EIN) | |

LOS ALAMOS NATIONAL SECURITY, LLC

Part I

Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

HARTFORD LIFE AND ACCIDENT

| | (c) NAIC (d) Contract or | | (e) Approximate number of | Policy or contract year | | | |
|--|--|-----------------------|--|-------------------------|---------------|--|--|
| (b) EIN | code | identification number | persons covered at end of policy or contract year | (f) From | (g) To | | |
| 06-0838648 | 70815 | ADDS-07166 | 7,051 | 01/01/2015 | 12/31/2015 | | |
| 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. | | | | | | | |
| (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | | |
| | | | | | | | |
| 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). | | | | | | | |
| | (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | |

| Fees a | | |
|------------|-------------|--|
| (c) Amount | (d) Purpose | (e) Organization code |
| | | |
| | | |
| | | |
| | | Fees and other commissions paid (c) Amount (d) Purpose |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (h) Amount of sales and hase | Fees an | | |
|---|------------|-------------|-----------------------|
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| | | | |
| | | | 1 |

| Schedule A (Form 5500) | 2015 | Page 2 - | |
|--|-----------------------------------|---|-----------------------|
| (a) Na | me and address of the agent, brok | er, or other person to whom commissions or fees were paid | |
| | | | |
| | | Fees and other commissions paid | (a) Organization |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| (a) Na | me and address of the agent, brok | er, or other person to whom commissions or fees were paid | |
| a | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| (a) Na | me and address of the agent, brok | er, or other person to whom commissions or fees were paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
| (a) Na | me and address of the agent, brok | er, or other person to whom commissions or fees were paid | |
| | | Fees and other commissions paid | (-) () |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | 3.4 | | |
| (a) Na | me and address of the agent. brok | er, or other person to whom commissions or fees were paid | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |

| Pa | art I | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi | dual contra | cts with each carrier ma | y be treated as | a unit for purposes of |
|----|-------|---|---------------|---|-----------------|------------------------|
| | | this report. | | | | |
| | | rent value of plan's interest under this contract in the general account at year | | | | |
| | | rent value of plan's interest under this contract in separate accounts at year er | nd | | . 5 | |
| 0 | | tracts With Allocated Funds: | | | | |
| | а | State the basis of premium rates | | | | |
| | b | Premiums paid to carrier | | | . 6b | |
| | C | Premiums due but unpaid at the end of the year | | | . 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount. | nection wit | h the acquisition or | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred (3) other (specify) | d annuity | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan, | check here | | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts mai | intained in s | separate accounts) | | |
| | а | Type of contract: (1) deposit administration (2) immedia | te participa | tion guarantee | | |
| | | (3) ☐ guaranteed investment (4) ☐ other ▶ | | | | |
| | | (, , , , , , , , , , , , , , , , , , , | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | *************************************** | . 7b | |
| | С | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | . 7c(6) | 0 |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | . 7d | 0 |
| | е | Deductions: | | | | |
| | | (1) Disbursed from fund to pay benefits or purchase annuities during year | | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | | | | |
| | | (4) Other (specify below) | 7e(4) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | | | |

| Pa | aae | 4 |
|----|-----|---|
| | | |

| l' ii | Nelfare Benefit Contract Informa f more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts | roup of employees of the ourposes if such contracts | are experien | ce-rated as a unit⊨ WI | nere contracts | loyee organizations(s), the s cover individual employees, |
|-----------------|--|--|-----------------|------------------------|----------------|---|
| | | | irealeu as a t | anicioi purposes or un | s report. | |
| | nd contract type (check all applicable boxes | _ | ٦ | 7 . //-: | | d Life insurance |
| | alth (other than dental or vision) | b Dental | c | | | |
| e 📙 Te | mporary disability (accident and sickness) | f Long-term disabili | ty g [| Supplemental unem | ployment | h Prescription drug |
| i 🗌 Sto | p loss (large deductible) | j HMO contract | k | PPO contract | | I Indemnity contract |
| m 🛭 Otl | her(specify) DACCIDENTAL DEATH | AND DISMEMBERM | ENT | | | |
| | | | | | | Υ |
| 9 Experience | e-rated contracts: | | | | | |
| | ums: (1) Amount received | | | | | |
| , , | crease (decrease) in amount due but unpa | | | | | |
| (3) In | crease (decrease) in unearned premium re | serve | 9a(3) | | | |
| , , | arned ((1) + (2) - (3)) | | | | . 9a(4) | |
| b Bene | efit charges (1) Claims paid | a | | | | |
| (2) In | crease (decrease) in claim reserves | | 9b(2) | | | |
| (3) In | curred claims (add (1) and (2)) | | | | | |
| ` ' | laims charged | | | | . 9b(4) | |
| | ainder of premium: (1) Retention charges (| | | | | |
| (| A) Commissions | | | | | |
| (| B) Administrative service or other fees | | | | | |
| (| C) Other specific acquisition costs | | | | | |
| (| D) Other expenses | | | | | |
| (| E) Taxes | | | 1 | | |
| (| F) Charges for risks or other contingencies | | | | | |
| (| G) Other retention charges | | 9c(1)(G) | | | |
| - (| H) Total retention | | | | 9c(1)(H) | |
| (2) [| Dividends or retroactive rate refunds. (Thes | e amounts were 🗌 paid ir | n cash, or | credited.) | 9c(2) | |
| d Statu | us of policyholder reserves at end of year: (| Amount held to provide | benefits after | r retirement | 9d(1) | |
| (2) C | Claim reserves | | | | | |
| ` ' | Other reserves | | | | 1 200 | |
| e Divid | lends or retroactive rate refunds due. (Do r | ot include amount entere | d in line 9c(2) |).) | | |
| 10 Nonexpe | erience-rated contracts: | | | 505 | 20 | |
| · · | I premiums or subscription charges paid to | carrier | | | 10a | 506,699 |
| b If the | e carrier, service, or other organization incur ation of the contract or policy, other than rep | red any specific costs in o | connection wi | th the acquisition or | | |
| | nature of costs | | S, 15p3.12 | | ,, | |
| Part IV | Provision of Information | | | | | |

X No

Yes

11 Did the insurance company fail to provide any information necessary to complete Schedule A?......

¹² If the answer to line 11 is "Yes," specify the information not provided.



June 8, 2016

LOS ALAMOS NATIONAL SECURITY, LLC LOUIS POLITO SM 30 BIKINI ATOLL ROAD, MS P280 LOS ALAMOS, NM 87545

Dear Policyholder:

Attached is your certified Annual Statement of Premiums and Producer Compensation. This statement provides a concise summary of information related to your group benefits policy(ies) with The Hartford. If you are required to complete and file Schedule A to IRS Form 5500, the information contained on the statement may assist you during this process. The Hartford certifies to the accuracy and completeness of the information provided.

To help you accurately read your statement, defined below are selected terms used in the report:

- Premiums premium payments paid and applied during the policy year.
- Commissions base commissions paid to your insurance producer on premiums received and applied during the policy year.
- Fees fees are other compensation paid to your insurance producer for providing administrative or other services related to your policy. If you are filing Schedule A to IRS Form 5500, Fees should be recorded as "Fees" on Schedule A.
- Bonus Paid an allocation related to your policy or policies of contingent compensation (cash or non-cash) payable to producers on all policies that were considered in determining the producer's eligibility for bonus payments and/or the actual calculation of any such bonus payment. If you are filing Schedule A to IRS Form 5500, Bonus Paid should be recorded as "Fees" on Schedule A.
- Additional Compensation an allocation related to your policy or policies of non-contingent compensation (cash or non-cash) payable to producers on all policies that were considered in determining the producer's eligibility for additional compensation and/or the actual calculation of any such additional compensation. If you are filing Schedule A to IRS Form 5500, Additional Compensation should be recorded as "Fees" on Schedule A.

We appreciate your business and look forward to continuing to serve your group benefits needs. If you need additional information, please contact your Hartford representative or call Customer Service at (800) 523-2233 or via e-mail gbdcommissions@hartfordlife.com.

Sincerely,

David R. Kryzanski Vice President Service Operations P.O. Box 2999

Hartford, CT 06104-2999

David Kryjaneti

The Hartford

Group Benefits Division
Annual Statement of Premiums and Producer Compensation



For: LOS ALAMOS NATIONAL SECURITY, LLC Page: 1 of 2

LOS ALAMOS NATIONAL SECURITY, LLC SM 30 BIKINI ATOLL ROAD, MS P280 LOS ALAMOS, NM 87545

Plan/Policy Year -01/01/2015 to 12/31/2015

| Name of Insurance Carrier | EIN | NAIC Code | Policy Number |
|----------------------------|------------|-----------|---------------|
| HARTFORD LIFE AND ACCIDENT | 06-0838648 | 70815 | ADD-S07166 |

Premium was applied as follows during the Plan/Policy Year -

| Policy Number | Type of Benefit | Premium Applied | Approximate # of Lives Covered |
|---------------|------------------------------------|-----------------|-----------------------------------|
| ADD-S07166 | ACCIDENTAL DEATH AND DISMEMBERMENT | \$506,699.20 | See policyholder's records |
| - | Total | \$506,699.20 | |

The Hartford

Group Benefits Division
Annual Statement of Premiums and Producer Compensation



For: LOS ALAMOS NATIONAL SECURITY, LLC Page: 2 of 2

Insurer paid the following compensation during the Plan/Policy Year -

| Producer and Address | Org Code | Policy Number | Commissions Paid | Fees Paid | (1)Bonus Paid | (2)Additional Compensation Paid |
|--|-------------|------------------|---------------------|-----------|---------------|---------------------------------------|
| HOME OFFICE DIRECT 200 HOPMEADOW STREET WEATOGUE, CT 06089 | 3 | ADD-S07166 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

The Hartford compensates producers for the sale and service of our products. In most cases, producers are paid a commission, which is fixed or based on a percentage of the premium. In addition, producers may be eligible for various forms of incentive compensation, including contingent commission and other non-cash awards. Incentive compensation is based upon a variety of factors that may include the level of premium written, retention and growth of premium, overall profitability, or other performance measures. Some of our producers elect not to accept some or all forms of compensation from The Hartford. Please direct specific questions about your insurance producer's compensation to your producer.

⁽¹⁾Bonus Paid represents an allocation of contingent compensation (cash or non-cash) payable to the named producer on all policies that were considered in determining the producer's eligibility for and/or the actual calculation of any such bonus payment. These amounts are not directly charged to your policy premium rates but represent overhead expense incurred by The Hartford.

⁽²⁾Additional Compensation represents an allocation of non-contingent compensation (cash or non-cash) payable to the named producer on all policies that were considered in determining the producer's eligibility for and/or the actual calculation of any such additional compensation. These amounts are not directly charged to your policy premium rates but represent overhead expense incurred by The Hartford.

SCHEDULE A

(Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2015

| · · · · · · · · · · · · · · · · · · · | ant to ERISA section 103(a)(2). | | Inspection |
|---|---------------------------------|-----------|------------|
| For calendar plan year 2015 or fiscal plan year beginning 01/ | 01/2015 and ending | 12/31/201 | .5 |
| A Name of plan | B Three-digit | | |
| LANS WELFARE BENEFIT PLAN FOR EMPLOYER | S plan numbe | r (PN) | 501 |

D Employer Identification Number (EIN) C Plan sponsor's name as shown on line 2a of Form 5500 20-3104541 LOS ALAMOS NATIONAL SECURITY, LLC

Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract Part I on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

VISION SERVICE PLAN

| (c) NAIC | | (d) Contract or | (e) Approximate number of | Policy or contract year | | |
|------------|-------|-----------------------|---|-------------------------|-----------------|--|
| (b) EIN | code | identification number | persons covered at end of policy or contract year | (f) From | (g) To | |
| 36-3560825 | 32395 | 12284390* | 7,286 | 01/01/2015 | 12/31/2015 | |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid

| descending order of the amount paid. | |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| | |
| | |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base | Fees an | | |
|------------------------------|------------|-------------|-----------------------|
| commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| | | | |

| (b) Amount of sales and base | Fees an | | |
|------------------------------|------------|-------------|-----------------------|
| commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| * | | | |
| | | | |
| | | | |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2015 v. 150123

| Schedule A (Form 5500) | 2015 | Page 2 - | |
|--|--|--|---------------------|
| (a) Na | me and address of the agent, b | roker, or other person to whom commissions or fees were pa | d |
| | | | |
| | | Fees and other commissions paid | (2) 0 |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organiz |
| | | | |
| (a) Na | me and address of the agent, b | roker, or other person to whom commissions or fees were pa | id |
| | | • | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organiz |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| | Hi- | | |
| (a) Na | me and address of the agent, b | roker, or other person to whom commissions or fees were pa | id |
| (a) Na (b) Amount of sales and base | | roker, or other person to whom commissions or fees were pa | (e) Organiz |
| 0 | me and address of the agent, but the agent of the agent o | | (e) Organia |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid | (e) Organiz code |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organiz code |
| (b) Amount of sales and base commissions paid (a) Na | (c) Amount | Fees and other commissions paid (d) Purpose roker, or other person to whom commissions or fees were pa | (e) Organiz code |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organiz code |
| (b) Amount of sales and base commissions paid (a) Na (b) Amount of sales and base | (c) Amount me and address of the agent, but | Fees and other commissions paid (d) Purpose roker, or other person to whom commissions or fees were pa | (e) Organizado |
| (b) Amount of sales and base commissions paid (a) Na (b) Amount of sales and base commissions paid | (c) Amount me and address of the agent, but | Fees and other commissions paid (d) Purpose roker, or other person to whom commissions or fees were pa | (e) Organizado |
| (b) Amount of sales and base commissions paid (a) Na (b) Amount of sales and base commissions paid | (c) Amount me and address of the agent, but | Fees and other commissions paid (d) Purpose roker, or other person to whom commissions or fees were pa Fees and other commissions paid (d) Purpose | (e) Organi code |
| (b) Amount of sales and base commissions paid (a) Na (b) Amount of sales and base commissions paid | (c) Amount me and address of the agent, but | Fees and other commissions paid (d) Purpose roker, or other person to whom commissions or fees were pa Fees and other commissions paid (d) Purpose | (e) Organiz code |

| Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purpose this report. | Pa | art II | Investment and Annuity Contract Information | | | | |
|--|----|--------|---|----------------|--------------------|-------------|-----------------|
| 5 Current value of plan's interest under this contract in separate accounts at year end | | | Where individual contracts are provided, the entire group of such individual this report. | | | | for purposes of |
| 6 Contracts With Allocated Funds: a State the basis of premium rates b b Premiums paid to carrier. c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs b e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) b f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b b Balance at the end of the previous year 7c(3) (2) Dividends and credits 7c(2) (3) Interest credited during the year 7c(3) (4) Transferred from separate account 7c(4) (5) Other (specify below) 7c(6) d Total of balance and additions (add lines 7b and 7c(6)) 7c(5) f Other (specify below) 7c(6) d Total of balance and additions (add lines 7b and 7c(6)) 7c(5) f Other (specify below) 7c(6) d Total of balance and additions (add lines 7b and 7c(6)) 7c(3) (3) Transferred from separate account 7c(4) (4) Other (specify below) 7c(6) (5) Total deductions 7c(6) (6) Total deductions 7c(6) | 4 | Curre | ent value of plan's interest under this contract in the general account at year | end | | 1 | |
| a State the basis of premium rates b Premiums paid to carrier. 6b C Premiums due but unpaid at the end of the year. 6c d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs b e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) b f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b b Balance at the end of the previous year 7 C Additions: (1) Contributions deposited during the year 7 (2) Dividends and credits 7 (3) interest credited during the year 7 (4) Transferred from separate account 7 (5) Other (specify below) 7 (6) Total of balance and additions (add lines 7b and 7c(6) 7 e Deductions: (1) Distributions (add lines 7b and 7c(6) 7 (2) Administration charge made by carrier 7 (3) Transferred to separate account 7 (4) Other (specify below) 7 (5) Total deductions . 7 (6) Total of separate account . 7 (7) Total of the separate account . 7 (6) Total of separate account . 7 (7) Total of separate account . 7 (7) Total of separate account . 7 (6) Total of separate account . 7 (7) Total of separate account . 7 (6) Total of separate account . 7 (7) Total of separate account . 7 (8) Total of separate account . 7 (9) Total of separate account . 7 (1) Distribu | 5 | Curre | ent value of plan's interest under this contract in separate accounts at year e | end | | . 5 | |
| b Premiums paid to carrier | 6 | Contr | racts With Allocated Funds: | | | | |
| C Premiums due but unpaid at the end of the year | | а | State the basis of premium rates | | | | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs Pape of contract: (1) individual policies (2) group deferred annuity (3) of ther (specify) If if contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here To contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other D Balance at the end of the previous year 70(1) 70(2) Dividends and credits 70(2) 2 70(2) 7 | | b | Premiums paid to carrier | | | | |
| retention of the contract or policy, enter amount. Specify nature of costs P Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year C Additions: (1) Contributions deposited during the year 7c(1) (2) Dividends and credits 7c(2) (3) Interest credited during the year 7c(3) (4) Transferred from separate account 7c(4) (5) Other (specify below) 7c(5) (6) Total additions and additions (add lines 7b and 7c(6)) 7d D Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier 7e(2) (3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions — 7e(5) | | | | | | . 6c | |
| e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year | | | | | | 6d | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year | | | Specify nature of costs | | | | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) | | е | Type of contract: (1) individual policies (2) group deferre | d annuity | | | |
| 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) minmediate participation guarantee Description Description Description | | | (3) other (specify) | | | | |
| Type of contract: (1) deposit administration (2) immediate participation guarantee (3) deposit administration (3) guaranteed investment (4) other Balance at the end of the previous year 75 | | f | If contract purchased, in whole or in part, to distribute benefits from a terminal | nating plan, | check here | | |
| b Balance at the end of the previous year 7b C Additions: (1) Contributions deposited during the year 7c(1) (2) Dividends and credits 7c(2) (3) Interest credited during the year 7c(3) (4) Transferred from separate account 7c(4) (5) Other (specify below) 7c(5) (6) Total additions (add lines 7b and 7c(6)) 7c(5) C Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier 7e(2) (3) Transferred to separate account 7e(3) (4) Other (specify below) 7c(5) (5) Total deductions 7c(5) (6) Total deductions 7c(5) (7c(5) 7c(5) 7c(5) | 7 | Contr | racts With Unallocated Funds (Do not include portions of these contracts ma | aintained in s | separate accounts) | | |
| b Balance at the end of the previous year | | а | Type of contract: (1) deposit administration (2) immedia | ate participa | tion guarantee | | |
| b Balance at the end of the previous year 7b C Additions: (1) Contributions deposited during the year 7c(1) (2) Dividends and credits 7c(2) (3) Interest credited during the year 7c(3) (4) Transferred from separate account 7c(4) (5) Other (specify below) 7c(5) (6) Total additions 4dditions (add lines 7b and 7c(6)) 7d e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier 7e(2) (3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5) | | | | • | | | |
| C Additions: (1) Contributions deposited during the year | | | (b) Sudianteed investment (i) Sudiant | | | | |
| C Additions: (1) Contributions deposited during the year | | | | | | | |
| C Additions: (1) Contributions deposited during the year | | b | Balance at the end of the previous year | | | . 7b | |
| (3) Interest credited during the year | | | | | | | |
| (4) Transferred from separate account (5) Other (specify below) | | | (2) Dividends and credits | 7c(2) | | | |
| (5) Other (specify below) | | | (3) Interest credited during the year | 7c(3) | | | |
| (6)Total additions 7c(6) d Total of balance and additions (add lines 7b and 7c(6)). 7d e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier 7e(2) (3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) | | | (4) Transferred from separate account | 7c(4) | | | |
| d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier | | | (5) Other (specify below) | 7c(5) | | | |
| d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier | | | | | | | |
| d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier | | | | | | | |
| d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier | | | | | | | |
| d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier | | | (6)Total additions | | | 7c(6) | 0 |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier | | _ | | | | | 0 |
| (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier | | | W. AMADIANIAN WITH | Ī | | | |
| (2) Administration charge made by carrier | | | | 7e(1) | | | |
| (3) Transferred to separate account (4) Other (specify below) (5) Total deductions 7e(3) 7e(4) 7e(5) | | | | | | | |
| (4) Other (specify below) | | | | | |) | |
| (5) Total deductions | | | • | | | | |
| | | Ì | | , , , | | | |
| | | | | | | | |
| | | | | | | | |
| | | (| (5) Total deductions | | | 7e(5) | C |
| | | , | | | | | 0 |

| Dane | 4 |
|------|---|
| raue | - |

| Schedule A | (Form | 5500 | 2015 |
|------------|--------|------|------|
| Schedule A | (FUIII | 3300 | 2010 |

Part III

Welfare Benefit Contract Information

| | | If more than one contract covers the same group information may be combined for reporting purporthe entire group of such individual contracts with | oses | s if such contracts | are exper | ienc | e-rated as a unit. Wh | ere contrac | ploye ts cov | e organizations(s), the ver individual employees, |
|-----|-------|--|-------------------|---------------------|-------------|--------------|-----------------------|-------------|-----------------|--|
| 8 | Bene | it and contract type (check all applicable boxes) | | | | | | | | |
| | а | Health (other than dental or vision) | П | Dental | | c x | Vision | | d□ | Life insurance |
| | e [| | = | Long-term disabil | | g 🗀 | | ployment | | Prescription drug |
| | i 🗍 | Stop loss (large deductible) | $\prod_{i=1}^{n}$ | HMO contract | | k 🗌 | PPO contract | | Ι | Indemnity contract |
| | m [| Other (specify) | | | | | | | | |
| 9 | Expe | ience-rated contracts: | | | | | | | | |
| | a P | remiums: (1) Amount received | | | 9a(1) | | | | | |
| | (| 2) Increase (decrease) in amount due but unpaid | | | 100 | | | | | |
| | (| 3) Increase (decrease) in unearned premium reserv | e | | | | | | | |
| | (| 4) Earned ((1) + (2) - (3)) | | Mon or olden make | | | | 9a(4) | | 0 |
| | _ | Benefit charges (1) Claims paid | | | | | | | | |
| | | 2) Increase (decrease) in claim reserves | | | | | | | | |
| | | 3) Incurred claims (add (1) and (2)) | | | | | | 9b(3) | | 0 |
| | | 4) Claims charged | | | | | | 9b(4) | \top | - |
| | , | Remainder of premium: (1) Retention charges (on a | | | | | | | | |
| | • | (A) Commissions | | | 9c(1)(A | 1 | | | 7 | |
| | | (B) Administrative service or other fees | | | | - | | | 7 | |
| | | (C) Other specific acquisition costs | | | | _ | | | - | |
| | | (D) Other expenses | | | A (4) (5 | _ | | | 7 | |
| | | (E) Taxes | | | A (4) (5 | _ | | | - | |
| | | (F) Charges for risks or other contingencies | | | | $\dot{-}$ | | | - | |
| | | (G) Other retention charges | | | 9c(1)(0 | 1 | | | 1 | |
| | | (H) Total retention | | | | | | 9c(1)(H) | _ | 0 |
| | | | | | | | | | + | |
| | | 2) Dividends or retroactive rate refunds. (These am | | | | _ | | | +- | |
| | | Status of policyholder reserves at end of year: (1) Ar | | • | | | | 9d(1) | + | |
| | | 2) Claim reserves | | | | | | 9d(2) | +- | |
| | | 3) Other reserves | | | | | | 9d(3) | - | |
| 4.0 | | Dividends or retroactive rate refunds due. (Do not in | nclu | de amount entere | d in line 9 | (2) | .) | 9e | _ | |
| 10 | | experience-rated contracts: | | | | | | | _ | |
| | | Total premiums or subscription charges paid to carri | | | | | | 10a | _ | 1,030,304 |
| | | f the carrier, service, or other organization incurred etention of the contract or policy, other than reporte | | | | | | 10b | | |
| | Spe | cify nature of costs ▶ | | | | | | | | |
| Pa | rt IV | Provision of Information | | | | | | | | |
| 11 | Did | the insurance company fail to provide any information | on n | ecessary to comp | lete Sched | dule | Α? | Yes | XN | lo |
| | | e answer to line 11 is "Yes," specify the information | | | | | | | | |

SCHEDULE A (FORM 5500) Insurance Information

If Schedule A information is required to file a complete Form 5500 C/R, information from this form must be transcribed onto IRS Schedule A (Form 5500) Insurance Information form (Cat. No. 13505I) as required by federal regulation. IF YOU HAVE ANY QUESTIONS REGARDING THE TRANSPOSITION OF INFORMATION CONTAINED IN THIS REPORT, CONTACT YOUR INTERNAL COMPLIANCE OFFICER.

LANS-ACTIVES
FELIZ VIGIL
TA-3 OTOWI BUILDING 261
2ND FLOOR, MS P280
LOS ALAMOS NM 87544

Group No. 12284390-0001 Ins. Carrier: Vision Service Plan Ins. Carrier NAIC Code No: 32395 Ins. Carrier FEIN: 363560825

Benefit Type: Vision Care

Policy or Contract Year: 01/01/2015 - 12/31/2015

Group Legal Name and Address: LOS ALAMOS NATIONAL SECURITY, LLC. TA-3 OTOWI BUILDING 261 LOS ALAMOS NM 87544

Approximate Number of Persons Covered at the End of Policy or Contract Year: 7257

Premium or Administrative Fee Rate:

\$11.79

| Fees, Payments, Claims | Paid for Policy or Contract Year | Due and Unpaid at End of Policy or Contract Year |
|--|-------------------------------------|--|
| Total Administrative Fees Paid to Carrier: | \$164,115.24 | \$0.00 |
| Total Payments Made to Carrier: | \$1,025,720.20 | \$0.00 |
| Total Claims Paid by Carrier: | \$1,039,674.07 | |

Vision Service Plan hereby certifies that this statement furnished pursuant to 29 CFR 2520.103 - 5 (c) is complete and accurate as of: April 20, 2016

SCHEDULE A (FORM 5500) Insurance Information

If Schedule A information is required to file a complete Form 5500 C/R, information from this form must be transcribed onto IRS Schedule A (Form 5500) Insurance Information form (Cat. No. 13505I) as required by federal regulation. IF YOU HAVE ANY QUESTIONS REGARDING THE TRANSPOSITION OF INFORMATION CONTAINED IN THIS REPORT, CONTACT YOUR INTERNAL COMPLIANCE OFFICER.

LANS-COBRA FELIZ VIGIL TA-3 OTOWI BUILDING 261 2ND FLOOR, MS P280 LOS ALAMOS NM 87544

Group No. 12284390-0003 Ins. Carrier: Vision Service Plan Ins. Carrier NAIC Code No: 32395 Ins. Carrier FEIN: 363560825

Benefit Type: Vision Care

Policy or Contract Year: 01/01/2015 - 12/31/2015

Group Legal Name and Address: LOS ALAMOS NATIONAL SECURITY, LLC. TA-3 OTOWI BUILDING 261 LOS ALAMOS NM 87544

Approximate Number of Persons Covered at the End of Policy or Contract Year: 29

Premium or Administrative Fee Rate:

\$11.79

| Fees, Payments, Claims | Paid for Policy or Contract Year | Due and Unpaid at End of Policy or Contract Year |
|--|-------------------------------------|--|
| Total Administrative Fees Paid to Carrier: | \$733.39 | \$0.00 |
| Total Payments Made to Carrier: | \$4,583.69 | \$0.00 |
| Total Claims Paid by Carrier: | \$2,594.08 | |

Vision Service Plan hereby certifies that this statement furnished pursuant to 29 CFR 2520.103 – 5 (c) is complete and accurate as of: April 20, 2016

SCHEDULE A (FORM 5500) Insurance Information

If Schedule A information is required to file a complete Form 5500 C/R, information from this form must be transcribed onto IRS Schedule A (Form 5500) Insurance Information form (Cat. No. 13505I) as required by federal regulation. IF YOU HAVE ANY QUESTIONS REGARDING THE TRANSPOSITION OF INFORMATION CONTAINED IN THIS REPORT, CONTACT YOUR INTERNAL COMPLIANCE OFFICER.

LANS-COBRA FELIZ VIGIL TA-3 OTOWI BUILDING 261 2ND FLOOR, MS P280 LOS ALAMOS NM 87544

Group No. 12284390-0003 Ins. Carrier: Vision Service Plan Ins. Carrier NAIC Code No: 32395 Ins. Carrier FEIN: 363560825

Benefit Type: Vision Care

Policy or Contract Year: 01/01/2015 - 12/31/2015

Group Legal Name and Address: LOS ALAMOS NATIONAL SECURITY, LLC. TA-3 OTOWI BUILDING 261 LOS ALAMOS NM 87544

Approximate Number of Persons Covered at the End of Policy or Contract Year: 29

Premium or Administrative Fee Rate:

\$11.79

| Fees, Payments, Claims | Paid for Policy or Contract Year | Due and Unpaid at End of Policy or Contract Year |
|--|-------------------------------------|--|
| Total Administrative Fees Paid to Carrier: | \$733.39 | \$0.00 |
| Total Payments Made to Carrier: | \$4,583.69 | \$0.00 |
| Total Claims Paid by Carrier: | \$2,594.08 | |

Vision Service Plan hereby certifies that this statement furnished pursuant to 29 CFR 2520.103 – 5 (c) is complete and accurate as of: April 20, 2016